

# REQUEST FOR NON-SCI CLASSIFIED MILITARY INFORMATION (CMI)

## SECTION I (REQUEST) (APPLICABLE FOR MILITARY AND CIVILIAN EMPLOYEES)

TO		FROM (SECTION)		DATE
SECURITY MANAGER'S OFFICE, MARFORLANT				
LAST NAME	FIRST NAME	SSN	RANK	
DATE OF BIRTH	SIPR ACCOUNT REQUIRED		CLEARANCE REQUIRED BY BILLET	
	YES NO			
BILLET			COMPONENT	
		MCSCG		
TYPED / PRINTED NAME OF SECTION OFFICIAL		SIGNATURE OF SECTION OFFICIAL		

## SECTION II (PERSONNEL) (APPLICABLE FOR MILITARY AND CIVILIAN EMPLOYEES) S-1

<input type="checkbox"/>	NO RECORDS AVAILABLE			
<input type="checkbox"/>	NO BREAK GREATER THAN 24 MONTHS			
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	U.S. CITIZENSHIP VERIFIED (APPLICABLE FOR MILITARY AND CIVILIAN EMPLOYEES)
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DOES THE SRB/OGR/OPF CONTAIN UNFAVORABLE INFORMATION ON THE INDIVIDUAL'S INTEGRITY, DISCRETION, TRUSTWORTHINESS, OR LOYALTY TO THE U.S.? (IF YES, ATTACH IN SEALED ENVELOPE)
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	IS THE INDIVIDUAL UNDER INVESTIGATION, CHARGES, AWAITING TRIAL, TRIED AND CONVICTED, OR HAS A CASE PENDING BEFORE A COURT OR BOARD OF INQUIRIES?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DOES THE SRB/OGR/OPF REFLECT THAT THE INDIVIDUAL HAS A SIGNED NON-DISCLOSURE AGREEMENT
DATE	TYPED / PRINTED NAME OF PERSONNEL OFFICIAL		SIGNATURE OF PERSONNEL OFFICIAL	

## SECTION III (MEDICAL) (APPLICABLE FOR MILITARY ONLY)

<input type="checkbox"/>	NO RECORDS AVAILABLE			
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DO THE MEDICAL RECORDS OF THIS INDIVIDUAL REVEAL ANY UNFAVORABLE INFORMATION CONCERNING A PAST/PRESENT HISTORY OF MENTAL OR NERVOUS DISORDERS, DRUG OR ALCOHOL ABUSE, SEXUAL PERVERSION OR EVIDENCE OF ACTS OR BEHAVIORAL TRAITS INDICATING A LACK OF JUDGEMENT, STABILITY, RELIABILITY OR TRUSTWORTHINESS?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	RECORDS AVAILABLE. UNFAVORABLE INFORMATION WAS FOUND, A SUMMARY IS ATTACHED IN A SEALED ENVELOPE.
DATE	TYPED / PRINTED NAME OF MEDICAL OFFICIAL		SIGNATURE OF MEDICAL OFFICIAL	

## SECTION IV (PMO / NSA) (APPLICABLE FOR MILITARY AND CIVILIAN EMPLOYEES)

<input type="checkbox"/>	NO RECORDS AVAILABLE			
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	RECORDS AVAILABLE. NO UNFAVORABLE INFORMATION INDICATED.
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	RECORDS AVAILABLE. UNFAVORABLE INFORMATION WAS FOUND, A SUMMARY IS ATTACHED.
DATE	TYPED / PRINTED NAME OF PMO / NSA OFFICIAL		SIGNATURE OF PMO / NSA OFFICIAL	

## SECTION V (SECURITY MANAGERS CERTIFICATION) S-2

TYPE OF CLEARANCE	GRANTED BY (INVESTIGATION)	TYPE OF ACCESS GRANTED	DATE INTERIM EXPIRES	DATE FINAL GRANTED
SECURITY MANAGER / DIRECT REPRESENTATIVE				
PRINTED NAME AND GRADE	SIGNATURE	DATE	DUTY PHONE	